above diagnosis. Overall a "positive" diagnosis was made in 59 (57.3%) patients.

Discussion: These data suggest that the prolonged head up tilt test and carotid sinus massage can be employed usefully by physicians dealing with elderly patients to investigate the causes of unexplained syncope and falls. In carefully selected patients, as in our study, these tests have a clinically useful yield.

EFFECT OF DIURETIC WITHDRAWAL ON 32
HAEMODYNAMIC CHANGES FOLLOWING AN
ANGIOTENSIN CONVERTING ENZYME INHIBITOR IN ELDERLY HEART FAILURE PATIENTS
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Introduction
Despite the established benefits of angiotensin converting enzyme inhibitors (ACEI) in heart failure, many patients are still not receiving these drugs. One reason for this is fear of first dose hypotension (FDH) in patients, particularly elderly ones, taking loop diuretics. It has been suggested that withholding diuretics for 24-48h prior to ACEI introductions may reduce the risk of FDH.

Methods
To investigate this, we conducted a double-blind cross-over comparison of FDH following an ACEI (Lisinopril 2.5mg) in patients on loop diuretics (40-120mg of frusemide, or equivalent doses of bumetanide) for heart failure. Twelve elderly patients (over 64 years) were given Lisinopril, on 3 separate occasions, in random order, at least 1 week apart: on usual diuretic, following withdrawal of diuretic for 24h and following 48h withdrawal.

Results
Results were analysed using analysis of variance with repeated measures. There were no significant differences overall (p>0.05) between the 3 periods of diuretic withdrawal, in the lowest blood pressure (BP) recorded, the maximum drop in BP from baseline, the time taken for maximum drop in BP to occur and the overall drop in BP in each of the 3 groups (area over the curve).

Conclusions
In the population studied, withdrawal of diuretics prior to ACEI introduction did not significantly reduce the risk of FDH. The practice of diuretic withdrawal prior to ACEI cannot be widely recommended.